

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	LEE et al.	Examiner:	Thomas J. Mauro, Jr.
Application No.:	09/656,538	Art Unit:	2143
Filed:	September 6, 2000	Docket No.:	INT1P211
Title:	MULTICAST SYSTEM USING CLIENT FORWARDING		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

9/14/04, 2004. Lia Coniglio
Lia Coniglio

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
RECEIVED**

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SEP 17 2004
Technology Center 2100

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously
filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously
filed on _____

☐ Other _____

b. Enclosed:

- ☒ Amendment/Reply
☐ Affidavit(s)/Declaration(s)
☐ Information Disclosure Statement (IDS)
☐ Other

09/16/2004 EAREGAY1 00000073 09656538

01 FC:1801
02 FC:1251

770.00 NP
110.00 NP

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

	Claims filed with RCE			Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	14	Less	20		x \$9 = \$		OR	x \$18 = \$	
Indep Claims	9	Less	03		x \$43 = \$		OR	x \$86 = \$	
RCE Filing Fee					x \$385		OR	x \$770	
[] Multiple Dependent claim Present & Fee Not previously paid					x \$145 = \$		OR	x \$290 = \$	
					TOTAL \$			TOTAL \$	770.00

2. Miscellaneous:

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.

b. ☐ Other _____

3. ☒ Applicant hereby petitions for a 1 month extension of time.

4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.

5. ☒ Enclosed is our Check No. 1416 in the amount of \$880.00 to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.

6. ☐ Please charge Deposit Account No. 50-0685 () in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

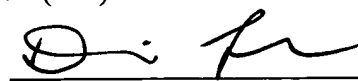
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P211).

8. ☐ Applicant Initiated Interview Request Form.

9. ☒ Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT & YI LLP
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 Cupertino, CA 95014
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Date: 9/11/04


 Diana Y. Fu
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